

Atty. Docket No. STE01 P-1097

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Art Unit : 3636
Examiner : Stephanie N. Harris
Applicant : David S. Teppo et al.
Appln. No. : 09/885,877
Filing Date : June 20, 2001
Confirmation No. : 4510
For : SHAPE-CHANGING SUPPORT, SUCH AS FOR SEATING

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Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

Dear Sir:

AMENDMENT UNDER §1.116

In response to the final rejection mailed December 24, 2003, please amend the application as follows.

Amendments to the claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 6 of this paper.

MAR 11 2004

VIA FACSIMILE: 703/872-9306**OFFICIAL**

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Dear Sir:

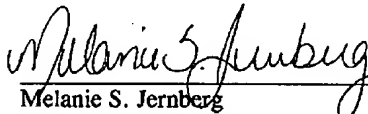
CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that the following papers are being transmitted by facsimile to the Patent and Trademark Office on the date shown below:

1. Claims as Amended (in duplicate, 4 pages)
2. Amendment Under §1.116 (9 pages)

YOU SHOULD RECEIVE A TOTAL OF 14 PAGES.

March 11, 2004
Date


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Commissioner for Patents
 P.O. Box 1450
 Alexandria, Virginia 22313-1450

Dear Sir:

Transmitted herewith is a response to the Office Action mailed December 24, 2003 in the above-identified application.

Any fee for additional claims has been calculated as shown below:

CLAIMS AS AMENDED

	Col. 1		Col. 2	Col. 3	Small Entity		Other Than A Small Entity	
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Add'l Fee	Rate	Add'l Fee
Total Claims	*21	Minus	**26	=0	x \$9	\$	x \$ 18	\$0
Independent Claims	*3	Minus	***3	=0	x \$43	\$	x \$ 86	\$0
First Presentation of Multiple Dependent Claims \$145						\$	x \$290	\$0
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						\$		\$0

Applicant : David S. Teppo et al.
Appln. No. : 09/885,877
Page : 2

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3
** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

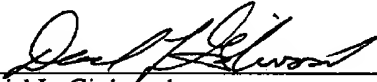
*** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest No. Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

1. ☐ Small entity status of this application 37 CFR §§1.9 and 1.27 has been established by a verified statement previously submitted or is enclosed.
2. ☒ No additional fee is required.
3. ☐ A check in the amount of \$_____ is attached.
4. ☒ Please charge any additional fees or credit overpayment to Deposit Account No. 16 2463. A duplicate copy of this sheet is attached.

PRICE, HENEVELD, COOPER,
DEWITT & LITTON, LLP

Mar 11, '04
Date


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